

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

- a. Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age			
				Maximum Age Limit		No Maximum Age Limit	
<input type="checkbox"/> Aged or Disabled, or Both - General							
	<input type="checkbox"/>	Aged					<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)					
	<input type="checkbox"/>	Disabled (Other)					
<input type="checkbox"/> Aged or Disabled, or Both - Specific Recognized Subgroups							
	<input type="checkbox"/>	Brain Injury					<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS					<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile					<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent					<input type="checkbox"/>
<input checked="" type="checkbox"/> Intellectual Disability or Developmental Disability, or Both							
	<input checked="" type="checkbox"/>	Autism	21				<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Developmental Disability	21				<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Intellectual Disability	21				<input checked="" type="checkbox"/>
<input type="checkbox"/> Mental Illness							
	<input type="checkbox"/>	Mental Illness					
	<input type="checkbox"/>	Serious Emotional Disturbance					

- b. Additional Criteria.** The State further specifies its target group(s) as follows:

↑
↓

- c. Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

- ☒ Not applicable. There is no maximum age limit
☐ The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.

Specify:

↑
↓

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-5-a indicate the selections in B-5-d also apply to B-5-g.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

- a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:

ii. Frequency of services. The State requires (select one):

- ☒ **The provision of waiver services at least monthly**
☐ **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

- b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

- ☒ **Directly by the Medicaid agency**
☐ **By the operating agency specified in Appendix A**
☐ **By an entity under contract with the Medicaid agency.**

Specify the entity:

- ☐ **Other**
Specify:

- c. Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Disability Services Specialists are required to have a Bachelor's Degree in psychology, social work, education, public administration or a related human service field and one year experience working in the field of developmental disabilities. They must be able to communicate effectively verbally and in writing, possess excellent interpersonal

skills, function as a team leader, team member, work independently, and organize/manage workload. Experience in working with people with DD and knowledge of quality assurance/improvement is preferred, but is not a requirement.

They must have knowledge of current practices in the field of DD, including service coordination, program planning, disability law, medications, the theory of normalization, and provision of habilitation services.

The following abilities are required: Communicate effectively in a variety of situations; develop working relationships with individuals with DD, their families, review team members, community professionals, program directors, agency representatives, and other groups of individuals with interests in DD; analyze behavioral data and formulate habilitation plans; and plan and organize habilitative training programs.

Skills in interviewing techniques, assessing skills, abilities, preferences, and needs and explaining services to individuals, families, and guardians are required.

- d. Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

DHHS-DDD applies the following criteria to determine the need for ICF services:

1. As documented by an evaluation which was made no more than three years before the initial determination of Waiver eligibility, has an intellectual disability or has a severe, chronic disability other than intellectual disability or mental illness which:

A. Is attributable to a mental or physical impairment other than a mental or physical impairment caused solely by mental illness;

B. Is manifested before the age of 22 years;

C. Is likely to continue indefinitely; and

D. Results in:

(1) In the case of a person three years of age or older, a substantial limitation in three or more of the following areas of major life activity, as appropriate for the person's age:

(a) Self-care;

(b) Receptive and expressive language development and use;

(c) Learning;

(d) Mobility;

(e) Self-direction;

(f) Capacity for independent living; and

(g) Can benefit from habilitation directed toward-

a. The acquisition, retention, and improvement of self-help, socialization, and adaptive skills for the individual's maximum possible independence; or

b. For dependent individuals where no further positive growth is demonstrable, the prevention of regression or loss of current optimal functional status.

The Developmental Index is the LOC instrument that is utilized.

- e. Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

☐ **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**

☒ **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The Developmental Index assessment tool for waiver eligibility is comparable to the assessment tool completed for institutional placement. Both tools note skills, abilities, preferences, and needs, and current community based habilitation or ICF active treatment, as applicable, and supports. Provider staff or others who are familiar with the individual complete the applicable tool.

The Developmental Index differs from the ICF LOC tool by assessing skills, abilities, and areas needing

improvement for maximizing independence in the community, such as job-readiness, managing personal finances, and accessing community services.

If a former waiver participant enters the State ICF for short-term intensive behavioral treatment, the LOC is determined using the ICF LOC assessment. The outcome of the determinations yielded from the Developmental Index is similar in validity and reliability to the outcome of determinations yielded from the assessment completed for institutional placement.

- f. Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The SAME process for evaluation and reevaluation for the need for ICF level of care is as follows:

The Division of Developmental Disabilities employs 10 Disability Services Specialists, located across the state to determine initial and ongoing eligibility and annual review of eligibility for HCBS waiver for adults with intellectual or developmental disabilities.

The following eligibility determination information is submitted to the disability services specialist:

1. Psychological evaluation current within 3 years of initial eligibility determination.
2. Current physical evaluation - annual unless waived by the physician.
3. Individual Program Plan (service plan). The Individual Program Plan (IPP) must identify the needs and preferences of the individual and specify how those needs will be addressed. The IPP identifies the individual's personal and career goals, specialized DD services and supports, non-specialized services and supports (also known as community supports), as well as services and supports to be provided by other non-DDD funded resources (including medical services and supports). The annual IPP documents specialized DD provider(s); non-specialized community supports providers; authorized funding amounts and/or units of services; and habilitation/training goals and strategies. The IPP is developed by an interdisciplinary team consisting of the individual; the assigned DDD Service Coordinator; legal representative; family, if the individual chooses; specialized provider staff; and non-specialized community support providers, other professionals, advocates, and/or friends as requested by the individual or legal representative. The IPP is reviewed initially and annually thereafter, and when a participant's changing circumstances may affect waiver eligibility.
4. Semi-annual IPP and all special meetings or addenda to the IPP. Semi-annually and as needed the team meets to review progress and make any necessary changes in the individual's provider(s), services, environment, etc.
5. Developmental Index current within one year of initial eligibility and annual review of eligibility. The Developmental Index is specific to waiver eligibility and identifies an individual's skills, abilities, and areas needing improvement. The Developmental Index is completed by the individual's Service Coordinator and provider staff and reviewed at the IPP meeting. If there are discrepancies between/among the assessments, these discrepancies must be clarified in the IPP.

The DDD service coordinator submits the above eligibility information to the disability services specialist. The disability services specialist verifies Medicaid eligibility, and reviews the information to determine whether the individual meets ICF level of care criteria and therefore waiver eligibility.

The disability services specialist looks at the individual's assessed abilities and needs; how the assessed needs are being met, including DD services, Medicaid State Plan services, generic non-Medicaid community services and supports, and family supports, and considers whether the individual would require the services of an ICF if HCBS waiver was not available. If the individual is determined eligible for the waiver, the individual or legal representative is given the choice between home and community based waiver services and ICF services and the choice and consent to receive waiver services is documented on a form. The disability services specialist prior authorizes the waiver services if HCBS waiver is chosen.

The disability services specialist reviews for eligibility on an ongoing basis, and completes an annual review of the IPP and Developmental Index, and verifies Medicaid eligibility. At any point, the disability services specialist may ask for additional information and clarification.

- g. Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

- ☐ Every three months
- ☐ Every six months
- ☒ Every twelve months

- ☐ **Other schedule**
Specify the other schedule:

- h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (*select one*):

- ☒ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ☐ **The qualifications are different.**
Specify the qualifications:

- i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care (*specify*):

Disability Services Specialists use the following procedures and processes to ensure timely reevaluations of level of care: Tickler files, such as Excel spreadsheets, and electronic alerts, and the processes that are components of service coordination.

The supervisor reviews ten percent of each disability specialist's waiver files for compliance with established timelines.

- j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

The DDD Disabilities Services Specialists, who are responsible for the performance of evaluations and reevaluations of level of care, maintain a separate record for each waiver participant. The records are maintained within the office of the disability services specialist.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Level of Care Assurance/Sub-assurances

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. Sub-Assurances:

- a. Sub-assurance:** *An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how

themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

The number of new waiver eligibility determinations completed by the disability services specialist within 2 weeks of receipt of all required information.

Data Source (Select one):

Other

If 'Other' is selected, specify:

DD Waiver Review Worksheet and Quality Assurance File Review for New Determinations

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: semi-annually, or as determined by the DDD QI committee

- b. *Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of waiver participants who have had an annual LOC re-determination within one year of their initial LOC evaluation and within 1 year of their last annual LOC evaluation.

Data Source (Select one):

Other

If 'Other' is selected, specify:

DD Waiver Review Worksheet and Quality Assurance File Review for Annual Redetermination

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

Specify: <input type="text"/>		Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: as determined by the state DDD QI committee

- c. **Sub-assurance:** *The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Of the total number of LOC determinations, the number of LOC redeterminations that were completed accurately according to the processes and

instruments described in the approved waiver and according to the approved description to determine participant level of care.

Data Source (Select one):

Other

If 'Other' is selected, specify:

DD Waiver Review Worksheet and Quality Assurance File Review for Annual Redetermination

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: semi-annually, or as determined by the state DDD QI committee

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Annual redetermination of eligibility is completed for all (100%) waiver recipients. The timeline for completion of the annual review is within 60 days of the individual's IPP meeting, but no later than 120 days after the meeting. Each of the Disability Services Specialists has created a tickler system to keep track of when annual reviews are due, based on the individual's waiver year, and DDD Service Coordination policies and procedures include components related to waiver eligibility and review requirements. Annually, the Disability Services Specialist reviews the annual IPP, the Developmental Index (LOC assessment tool), and Medicaid information, and completes a standardized New and Annual redetermination worksheet.

The monitoring process to measure compliance with the above Sub Assurances consists of the DSS Supervisor reviewing a minimum of 10% of the DSS files for compliance with timelines, required paperwork, and whether the eligibility determinations are appropriate. The DSS Supervisor reviews the files and completes the "Annual Supervisory Waiver QA File Review."

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The state monitors level of care decisions and takes action to address inappropriate LOC determinations, which may include failure to determine eligibility, failure to determine eligibility within established timelines, inaccurate determinations, and missing or incomplete documentation. The state monitors the performance of the disability services specialists through self measurement and look-behind reviews by their Supervisor. The following performance measurements are self reported by marking Yes or No for each initial eligibility determination:

Eligibility is completed within two weeks of receipt of all required information.

HCB waiver services are authorized within one week of eligibility determination.

All required and/or applicable data sources are accurately completed.

The disability services specialists' Supervisor evaluates the performance of the staff, utilizing the quality assurance data at the local level and at the central office level for identification of technical assistance/training needs for all of the disability services specialist and for identification of systems changes,

Monthly quality assurance reports are reviewed at the local level to ensure continued Medicaid and waiver eligibility and accurate service authorizations for participants. The monthly quality assurance reports are generated by NFOCUS, Nebraska's electronic authorization and payment system, and posted on an intra-agency website for access by DDD staff. Disability services specialists, service coordinators, and SC Supervisors review each report and take appropriate action as needed on individual cases. Examples of such action may be assisting the individual with recertification of Medicaid, submitting a service authorization to change or end services, determining waiver eligibility for new Medicaid recipients, etc.

- ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly